

Panaji, 23rd February, 2023 (Phalgun 4, 1944)

SERIES I No. 47

OFFICIAL GAZETTE GOVERNMENT OF GOA

PUBLISHED BY AUTHORITY

NOTE

There is a Supplement and two Extraordinary issues to the Official Gazette, Series I No. 46 dated 16-02-2023, namely:—

(1) *Supplement dated 16-02-2023 from pages 1577 to 1578, Notification from Department of Mines regarding Reimbursement of Green Tax and Fitness Fee to the mining affected truck owners Scheme 2023.*

(2) *Extraordinary dated 17-2-2023 from pages 1579 to 1580, Notification from Department of Law regarding the Goa Regularisation of Unauthorized Construction (Amendment) Act, 2023.*

(3) *Extraordinary (No. 2) dated 21-2-2023 from pages 1581 to 1596, Notifications from Department of Law regarding various Acts.*

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GOVERNMENT OF GOA

Department of Civil Supplies &
Consumer Affairs

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Notification

DCS/S/Ker/PF/2022-23/3968

In pursuance of the powers conferred by item (i) of sub-clause (d) of clause 2 of the

Kerosene (Restriction on use and Fixation of Ceiling Price) Order, 1993 and in the supersession of the Government Notification No. DCS/S/KER/PF/2021-22/339 dated 03-02-2022, published in the Official Gazette, Series I No. 45 dated 03-02-2022. The Government of Goa hereby prescribes the maximum wholesale and retail price for domestic purpose of Superior Kerosene Oil as stated here under:—

Sr. No.	Taluka	Wholesale price per kilo litre including GST and Green Cess	Retail price rounded up per litre includ- ing GST and Green Cess
(1)	(2)	(3)	(4)
(1)	Quepem	Rs. 74960.78	Rs. 83.00
(2)	Canacona	Rs. 75359.74	Rs. 83.00
(3)	Sanguem	Rs. 75151.59	Rs. 83.00

By order and in the name of the Governor of Goa.

Gopal A. Parsekar, Director of Civil Supplies & Consumer Affairs & ex officio Joint Secretary.

Panaji, 14th February, 2023.



Department of Inland Waterways

Captain of Ports

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Notification

B-11039/Rules/22-23/404

Whereas, the draft Rules, namely, the Goa Inland Vessels (Construction and Survey) (Fifth Amendment) Rules, 2022 which the Government of Goa proposed to make in exercise of the powers conferred by sections 6, 19, 52 and 67 of the Inland Vessels Act, 1917 (Central Act No. 1 of 1917) so as to further amend the Inland Vessels (Construction and Survey) Rules, 1965, were pre-published as required by sub-section (1) of section 74 of the said Act vide Notification No. B-11039/Rules/22-23/2600 dated nil, of the Department of Inland Waterways, in the Official Gazette, Series I No. 20 dated 18-08-2022, inviting objections and suggestions from all persons likely to be affected thereby within a period

of fifteen days from the date of publication of the said Notification in the Official Gazette;

And whereas, the said Official Gazette was made available to the public on 18-08-2022;

And whereas, no objections and suggestions have been received from the public on the said draft Rules by the Government within the stipulated period.

Now, therefore, in exercise of the powers conferred by sections 6, 19, 52 and 67 of the Inland Vessels Act, 1917 (Central Act No. 1 of 1917) and all other powers enabling it in this behalf, the Government of Goa hereby makes the following rules so as to further amend the Inland Vessels (Construction and Survey) Rules, 1965, namely:—

1. Short title and commencement.— (1)

These rules may be called the Goa Inland Vessels (Construction and Survey) (Fifth Amendment) Rules, 2023.

(2) They shall come into force on the date of their publication in the Official Gazette.

2. Substitution of rule 44.— For rule 44 of the Inland Vessels (Construction and Survey) Rules, 1965, the following rule shall be substituted, namely:—

“44. Penalty.— A breach of any of the above rules by an Owner or a Master of an inland vessel as specified in column (2) of the table below shall be punishable with fine as specified against the same in corresponding entry in column (3) of the said table.

TABLE

Sr. No.	Inland Vessel (2)	Amount of fine (3)
(1)	(i) Vessel upto 500 DWT	Rs. 5,000/-
	(ii) Vessel of above 500 DWT and upto 1000 DWT	Rs. 10,000/-
	(iii) Vessel of above 1000 DWT and upto 1500 DWT	Rs. 15,000/-
	(iv) Vessel of above 1500 DWT and upto 2000 DWT	Rs. 20,000/-
	(v) For every 100 DWT or part thereof in excess of 2000 DWT	Rs. 2,000/-
(vi)	Passenger vessel for Casino activities, Transhippers, Specialised Floating Hotels	Rs. 1,00,000/-".

By order and in the name of the Governor of Goa.

Shri. *Vikas S. N. Gaunekar*, Captain of Ports.

Panaji, 9th February, 2023.

Notification

B-11039/Rules/22-23/405

Whereas, the draft Rules, namely, the Goa Inland Vessels Registration (Fourth Amendment) Rules, 2022 which the Government of Goa proposed to make in exercise of the powers conferred by section 19R of the Inland Vessels Act, 1917 (Central Act No. 1 of 1917) so as to further amend the Goa Inland Vessels Registration Rules, 1965, were pre-published as required by sub-section (1) of section 74 of the said Act vide Notification No. B-11039/Rules/22-23/2601 dated 18-08-2022, inviting objections and suggestions from all persons likely to be affected thereby within a period of fifteen days

from the date of publication of the said Notification in the Official Gazette;

And whereas, the said Official Gazette was made available to the public on 18-08-2022;

And whereas, no objections and suggestions have been received from the public on the said draft Rules by the Government within the stipulated period.

Now, therefore, in exercise of the powers conferred by section 19R of the Inland Vessels Act, 1917 (Central Act No. 1 of 1917) and all other powers enabling it in this behalf, the Government of Goa hereby makes the following rules so as to further amend the Goa Inland Vessels Registration Rules, 1965, namely:—

1. *Short title and commencement.*— (1) These rules may be called the Goa Inland Vessels Registration (Fourth Amendment) Rules, 2023.

(2) They shall come into force on the date of their publication in the Official Gazette.

2. *Amendment of rule 20.*— In rule 20 of the Goa Inland Vessels Registration Rules, 1965, for the expression "imprisonment for a term which may extend to six months, or with fine which may extend to five hundred rupees or with both", the expression "fine which may extend to Rs. 10,000/-" shall be substituted.

By order and in the name of the Governor of Goa.

Shri. *Vikas S. N. Gaunekar*, Captain of Ports.

Panaji, 9th February, 2023.

Department of Personnel

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Notification

1/2/83-PER (Pt. III)

In exercise of the powers conferred by the provision to Article 309 of the Constitution of India and in supersession of the existing recruitment rules for the post of Vocational Instructor (Practical), notified vide Government Notification No. 1/2/83-PER(Pt.III) dated 07-04-2006, published in the Official Gazette, Series I No. 3 dated 20-04-2006, the Governor of Goa hereby makes the following rules to regulate the recruitment to the Group 'C', Non-Gazetted, Non-Ministerial post in the Directorate of Skill Development and Entrepreneurship, Government of Goa, namely:—

1. Short title, application and commencement.— (1) These rules may be called the Government of Goa, Directorate of Skill Development and Entrepreneurship, Group 'C', Non-Gazetted, Non-Ministerial post, Recruitment Rules, 2023.

(2) They shall apply to the post specified in column (1) of the Schedule to these rules (hereinafter called as the "said Schedule").

(3) They shall come into force on the date of their publication in the Official Gazette.

2. Number, classification and level in the pay matrix.— The number of posts, classification of the said post and level in the pay matrix attached thereto shall be as specified in columns (2) to (4) of the said Schedule:

Provided that the Government may vary the number of posts as specified in column (2) of the said Schedule from time to time subject to exigencies of work.

3. Method of recruitment, age limit and other qualifications.— The method of recruitment to the said post, age limit, qualifications and other matters connected therewith shall be as specified in columns (5) to (13) of the said Schedule.

4. Disqualification.— No person who has entered into or contracted a marriage with a person having a spouse living or who, having a spouse living, has entered into or contracted a marriage with any person, shall be eligible for appointment to the service:

Provided that the Government may, if satisfied that such marriage is permissible under the personal law applicable to such person and the other party to the marriage and that there are other grounds for so doing, exempt any person from the operation of this rule.

5. Power to relax.— Where the Government is of the opinion that it is necessary or expedient so to do, it may, by order, for reasons to be recorded in writing, relax any of the provisions of these rules with respect to any class or category of persons.

6. Saving.— Nothing in these rules shall affect reservation, relaxation of age limit and other concessions required to be provided for Scheduled Castes, Scheduled Tribes, Other Backward Classes, Ex-servicemen and Other Special Categories of persons in accordance with the orders issued by the Government from time to time in that regard.

By order and in the name of the Governor of Goa.

Eshant V. Sawant, Under Secretary
(Personnel-I).

Porvorim, 14th February, 2023.

SCHEDULE

Name/ designation of post	Number of posts	Classification pay matrix	Level in the pay matrix	Whether selection post or non- -selection post	Age limit for direct recruits	Educational and other qualifications required for direct recruits	Period of probation, if any	Method of recruitment, whether by direct recruitment or by promotion or by deputation/ /transfer/contract promotion/ deputation/ /transfer is to be made	In case of recruit- ment by promo- tion/deputation/ /transfer, grades from which promotion/ deputation/ /transfer is to be made	If a D.P.C. exists, what is its compo- sition	Circum- stances in which Goa Public Service Commission is to be consulted in making recruitment		
Vocational Instructor (Practical). (Subject to variation dependent on workload).	118 (2023)	Group 'C', Non- Gaze- ter depend- ent, Non- Minis- terial.	L-6.	N.A.	Minimum 21 years and maximum not exceeding 45 years. (Maximum age limit is relaxable for Government servants upto five years in accordance with the instructions or orders issued by the Govern- ment from time to time).	Essential: (i) National Trade Certificate / National Apprenticeship Certificate in the relevant trade with three years experience in the relevant field. (ii) Relevant National Craft Instructor Certificate (NCIC) in any of the variants under Directorate General of Training (DGT). (iii) Knowledge of Konkani. Desirable: Knowledge of Marathi.	N.A.	Two years.	By direct recruit- ment.	N.A.	Group 'C', D.S.C.		
Whether age & educational qualifications prescribed for the direct recruitment will apply in the case of promotedees													

Department of Planning
Directorate of Planning, Statistics & Evaluation
Office of the Chief Registrar of Births & Deaths

Notification

DPSE/RBD/Amendment-Rule/2020/3499

In exercise of the powers conferred by section 30 of the Registration of Births and Deaths Act, 1969 (Central Act No. 18 of 1969), the Government of Goa, with the approval of the Central Government, and in supersession of the Government Notification No. DPSE/RBD/Amendment-Rule/2020/3178 dated 16-01-2023, published in the Official Gazette, Series I No. 46 dated 16-02-2023, hereby makes the following rules so as to further amend the Goa Registration of Births and Deaths Rules, 1999, namely:—

1. *Short title and commencement.*— (1) These rules may be called the Goa Registration of Births and Deaths (Amendment) Rules, 2023.

(2) They shall come into force on the date of their publication in the Official Gazette.

2. *Substitution of Forms.*— In the principal rules and subsequent Amendment called the Goa Registration of Births and Deaths (Amendment) Rules, 2021, for the existing Form Nos. 1, 2, 3, 5, 6, 7, 8 and 9, the following Forms shall be respectively substituted, namely:—

“

Form No.1
(See rule 5)

ENDORSEMENT No. BR	<p style="text-align: center;">Form No.7 (See rule 12) BIRTH REGISTER BIRTH REPORT Legal Information This Part is to be added to the Birth Register</p>	<p style="text-align: center;">BIRTH REPORT Statistical Information This part to be detached and sent for statistical processing</p>				
		FORM No. 1				
<p style="text-align: right;">In the case of multiple births, fill in separate form for each child and write "Twin birth" or "Triple birth", etc., as the case may be in the remarks column in the box below left.</p>						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>To be filled by the Informant:</p> <p>1. Date of Birth: (Enter the exact day, month and year the child was born) <input type="text"/> e.g. 01-01-2000</p> <p>2. Sex: (Enter "Male", "Female" or "Transgender", do not use abbreviation)</p> <p>3. Name of the Child, if any: (If not named, leave blank) UID No. of Child <input type="text"/></p> <p>4. Name of the Father: (full name as usually written) UID No. of Father <input type="text"/></p> <p>5. Name of the Mother: (full name as usually written) UID No. of Mother <input type="text"/></p> <p>6. Permanent address of Parents:</p> <p>5b. Address of Parents at the time of birth of Child:</p> <p>6. Name of Grandfather (father's side):</p> <p>7. Name of Grandmother (father's side):</p> <p>8. Place of birth: (Tick the appropriate entry 1, 2 or 3 below and give the name of the Hospital/Institution or the address of the house where the birth took place. If other place give location). 1) Hospital/Institution Name: 2) House Address: 3) Other Place:</p> <p>9. Informant's Name: Address:</p> <p style="text-align: center;">(After completing all columns 1 to 22, Informant will put date and signature here):</p> <p>Date: <i>(Signature or left thumb mark of the Informant)</i></p> </td> <td style="width: 50%; vertical-align: top;"> <p>To be filled by the Informant:</p> <p>10. Town or village of residence of the mother: (Place where the mother lives. This can be different from the place where the delivery occurred. The house address is not required to be entered):</p> <p>a) Name of Town/Village: (1) Town (2) Village</p> <p>b) Is it a Town or Village? (Tick the appropriate entry below): (1) Town (2) Village</p> <p>c) Name of District:</p> <p>d) Name of State:</p> <p>11. Religion of the Family (Tick the appropriate entry below): (1) Hindu (2) Muslim (3) Christian (4) Any other religion: (Write the name of the religion):</p> <p>12. Father's level of education: (Enter the completed level of education e.g. if studied upto Class VII but passed only class VI, write class VI)</p> <p>13. Mother's level of education: (Enter the completed level of education e.g. if studied upto class VII but passed only class VI, write class VI).</p> <p>14. Father's occupation: (If no occupation write 'Nil').</p> <p>15. Mother's occupation: (If no occupation write 'Nil').</p> <p>16. Age of the mother (in completed years) at the time of marriage: (If married more than once, age at first marriage may be entered):</p> <p>17. Age of the mother (in completed years) at the time of this birth:</p> <p>18. Number of children born alive to the mother so far including this child: (Number of children born alive to include also those from earlier marriage(s), if any)</p> <p>19. Type of attention at delivery: (Tick the appropriate entry below): 1) Institutional-Coverment: 2) Institutional-Private or Non-Government: 3) Doctor, Nurse or Trained midwife: 4) Traditional birth attendant: 5) Relatives or others:</p> <p>20. Method of Delivery: (Tick the appropriate entry below): 1) Natural 2) Caesarean 3) Forceps/Vacuum</p> <p>21. Birth Weight (in kgs.) if available:</p> <p>22. Duration of pregnancy (in weeks):</p> <p style="text-align: center;">(Columns to be filled are over. Now put signature at left).</p> </td> </tr> </table>				<p>To be filled by the Informant:</p> <p>1. Date of Birth: (Enter the exact day, month and year the child was born) <input type="text"/> e.g. 01-01-2000</p> <p>2. Sex: (Enter "Male", "Female" or "Transgender", do not use abbreviation)</p> <p>3. Name of the Child, if any: (If not named, leave blank) UID No. of Child <input type="text"/></p> <p>4. Name of the Father: (full name as usually written) UID No. of Father <input type="text"/></p> <p>5. Name of the Mother: (full name as usually written) UID No. of Mother <input type="text"/></p> <p>6. Permanent address of Parents:</p> <p>5b. Address of Parents at the time of birth of Child:</p> <p>6. Name of Grandfather (father's side):</p> <p>7. Name of Grandmother (father's side):</p> <p>8. Place of birth: (Tick the appropriate entry 1, 2 or 3 below and give the name of the Hospital/Institution or the address of the house where the birth took place. If other place give location). 1) Hospital/Institution Name: 2) House Address: 3) Other Place:</p> <p>9. Informant's Name: Address:</p> <p style="text-align: center;">(After completing all columns 1 to 22, Informant will put date and signature here):</p> <p>Date: <i>(Signature or left thumb mark of the Informant)</i></p>	<p>To be filled by the Informant:</p> <p>10. Town or village of residence of the mother: (Place where the mother lives. This can be different from the place where the delivery occurred. The house address is not required to be entered):</p> <p>a) Name of Town/Village: (1) Town (2) Village</p> <p>b) Is it a Town or Village? (Tick the appropriate entry below): (1) Town (2) Village</p> <p>c) Name of District:</p> <p>d) Name of State:</p> <p>11. Religion of the Family (Tick the appropriate entry below): (1) Hindu (2) Muslim (3) Christian (4) Any other religion: (Write the name of the religion):</p> <p>12. Father's level of education: (Enter the completed level of education e.g. if studied upto Class VII but passed only class VI, write class VI)</p> <p>13. Mother's level of education: (Enter the completed level of education e.g. if studied upto class VII but passed only class VI, write class VI).</p> <p>14. Father's occupation: (If no occupation write 'Nil').</p> <p>15. Mother's occupation: (If no occupation write 'Nil').</p> <p>16. Age of the mother (in completed years) at the time of marriage: (If married more than once, age at first marriage may be entered):</p> <p>17. Age of the mother (in completed years) at the time of this birth:</p> <p>18. Number of children born alive to the mother so far including this child: (Number of children born alive to include also those from earlier marriage(s), if any)</p> <p>19. Type of attention at delivery: (Tick the appropriate entry below): 1) Institutional-Coverment: 2) Institutional-Private or Non-Government: 3) Doctor, Nurse or Trained midwife: 4) Traditional birth attendant: 5) Relatives or others:</p> <p>20. Method of Delivery: (Tick the appropriate entry below): 1) Natural 2) Caesarean 3) Forceps/Vacuum</p> <p>21. Birth Weight (in kgs.) if available:</p> <p>22. Duration of pregnancy (in weeks):</p> <p style="text-align: center;">(Columns to be filled are over. Now put signature at left).</p>	
<p>To be filled by the Informant:</p> <p>1. Date of Birth: (Enter the exact day, month and year the child was born) <input type="text"/> e.g. 01-01-2000</p> <p>2. Sex: (Enter "Male", "Female" or "Transgender", do not use abbreviation)</p> <p>3. Name of the Child, if any: (If not named, leave blank) UID No. of Child <input type="text"/></p> <p>4. Name of the Father: (full name as usually written) UID No. of Father <input type="text"/></p> <p>5. Name of the Mother: (full name as usually written) UID No. of Mother <input type="text"/></p> <p>6. Permanent address of Parents:</p> <p>5b. Address of Parents at the time of birth of Child:</p> <p>6. Name of Grandfather (father's side):</p> <p>7. Name of Grandmother (father's side):</p> <p>8. Place of birth: (Tick the appropriate entry 1, 2 or 3 below and give the name of the Hospital/Institution or the address of the house where the birth took place. If other place give location). 1) Hospital/Institution Name: 2) House Address: 3) Other Place:</p> <p>9. Informant's Name: Address:</p> <p style="text-align: center;">(After completing all columns 1 to 22, Informant will put date and signature here):</p> <p>Date: <i>(Signature or left thumb mark of the Informant)</i></p>	<p>To be filled by the Informant:</p> <p>10. Town or village of residence of the mother: (Place where the mother lives. This can be different from the place where the delivery occurred. The house address is not required to be entered):</p> <p>a) Name of Town/Village: (1) Town (2) Village</p> <p>b) Is it a Town or Village? (Tick the appropriate entry below): (1) Town (2) Village</p> <p>c) Name of District:</p> <p>d) Name of State:</p> <p>11. Religion of the Family (Tick the appropriate entry below): (1) Hindu (2) Muslim (3) Christian (4) Any other religion: (Write the name of the religion):</p> <p>12. Father's level of education: (Enter the completed level of education e.g. if studied upto Class VII but passed only class VI, write class VI)</p> <p>13. Mother's level of education: (Enter the completed level of education e.g. if studied upto class VII but passed only class VI, write class VI).</p> <p>14. Father's occupation: (If no occupation write 'Nil').</p> <p>15. Mother's occupation: (If no occupation write 'Nil').</p> <p>16. Age of the mother (in completed years) at the time of marriage: (If married more than once, age at first marriage may be entered):</p> <p>17. Age of the mother (in completed years) at the time of this birth:</p> <p>18. Number of children born alive to the mother so far including this child: (Number of children born alive to include also those from earlier marriage(s), if any)</p> <p>19. Type of attention at delivery: (Tick the appropriate entry below): 1) Institutional-Coverment: 2) Institutional-Private or Non-Government: 3) Doctor, Nurse or Trained midwife: 4) Traditional birth attendant: 5) Relatives or others:</p> <p>20. Method of Delivery: (Tick the appropriate entry below): 1) Natural 2) Caesarean 3) Forceps/Vacuum</p> <p>21. Birth Weight (in kgs.) if available:</p> <p>22. Duration of pregnancy (in weeks):</p> <p style="text-align: center;">(Columns to be filled are over. Now put signature at left).</p>					
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; vertical-align: top;"> <p>To be filled by the Registrar:</p> <p>Registration No. : Registration date :</p> <p>Registration Unit : District :</p> <p>Town/Village :</p> <p>Remarks (if any) :</p> <p style="text-align: center;">Name and signature of the Registrar</p> </td> <td style="width: 33%; vertical-align: top;"> <p>To be filled by the Registrar:</p> <p>Name :</p> <p>District :</p> <p>Tehsil :</p> <p>Town/Village :</p> <p>Registration Unit :</p> </td> <td style="width: 33%; vertical-align: top;"> <p>To be filled by the Registrar:</p> <p>Code No. :</p> <p>Registration No.:</p> <p>Date of Birth:</p> <p>Sex: (1) Male (2) Female (3) Transgender</p> <p>Place of Birth: (1) Hospital/Institution (2) House (3) Other Place</p> <p style="text-align: center;">(Name and signature of the Registrar)</p> </td> </tr> </table>				<p>To be filled by the Registrar:</p> <p>Registration No. : Registration date :</p> <p>Registration Unit : District :</p> <p>Town/Village :</p> <p>Remarks (if any) :</p> <p style="text-align: center;">Name and signature of the Registrar</p>	<p>To be filled by the Registrar:</p> <p>Name :</p> <p>District :</p> <p>Tehsil :</p> <p>Town/Village :</p> <p>Registration Unit :</p>	<p>To be filled by the Registrar:</p> <p>Code No. :</p> <p>Registration No.:</p> <p>Date of Birth:</p> <p>Sex: (1) Male (2) Female (3) Transgender</p> <p>Place of Birth: (1) Hospital/Institution (2) House (3) Other Place</p> <p style="text-align: center;">(Name and signature of the Registrar)</p>
<p>To be filled by the Registrar:</p> <p>Registration No. : Registration date :</p> <p>Registration Unit : District :</p> <p>Town/Village :</p> <p>Remarks (if any) :</p> <p style="text-align: center;">Name and signature of the Registrar</p>	<p>To be filled by the Registrar:</p> <p>Name :</p> <p>District :</p> <p>Tehsil :</p> <p>Town/Village :</p> <p>Registration Unit :</p>	<p>To be filled by the Registrar:</p> <p>Code No. :</p> <p>Registration No.:</p> <p>Date of Birth:</p> <p>Sex: (1) Male (2) Female (3) Transgender</p> <p>Place of Birth: (1) Hospital/Institution (2) House (3) Other Place</p> <p style="text-align: center;">(Name and signature of the Registrar)</p>				

Form No.2
(See rule 5)

ENDORSEMENT No. DR	Form No.8 (See rule 12) DEATH REGISTER DEATH REPORT Legal Information <small>This part is to be added to the Death Register</small>	DEATH REPORT Statistical Information <small>This part to be detached and sent for statistical processing</small>	FORM No. 2
To be filled by the Informant:		To be filled by the informant:	
1. Date of Death: (Enter the exact day, month and year the death took place e.g. 01-01-2000) <input type="text"/>		11. Town or village of residence of the deceased: (Place where the deceased actually lived. This can be different from the place where the death occurred. The house address is not required to be entered); <small>To be detached and sent for statistical processing</small>	
2. Name of the deceased: <small>(Full name as usually written)</small> UID No. of deceased <input type="text"/>		a) Name of Town/Village: b) Is it a Town or Village? (Tick the appropriate entry below): <small>(1) Town (2) Village</small>	
3. Sex of the deceased: <small>(Enter "Male, Female or Transgender" do not use abbreviation)</small>		c) Name of District: d) Name of State:	
4. Name of the Mother: UID No. of Mother <input type="text"/>		12. Religion (Tick the appropriate entry below): <small>(1) Hindu (2) Muslim (3) Christian (4) Any other religion: (Write the name of the religion):</small>	
5. Name of the Father: UID No. of Father <input type="text"/>		13. Occupation of the deceased: (If no occupation write 'Nil')	
5a. Name of Husband/Wife: UID No. Husband/Wife <input type="text"/>		14. Type of medical attention received before death: (Tick the appropriate entry below).	
5b. Age of Husband/Wife: <small>If the deceased was over 1 year of age, give age in completed years. If the deceased was below 1 year of age, give age in months and if below 1 month give age in completed number of days, and if below 1 day, in hours.</small>		1) Institutional: 2) Medical attention other than institution: 3) No medical attention:	
5c. Contact details of Husband/Wife:		15. Was the cause of death medically certified? (Tick the appropriate entry below): <small>(1) Yes (2) No</small>	
6. Age of the deceased: <small>If the deceased was over 1 year of age, give age in completed years. If the deceased was below 1 year of age, give age in months and if below 1 month give age in completed number of days, and if below 1 day, in hours.</small>		16. Name of disease or actual cause of death (For all deaths irrespective of whether medically certified or not):	
7. Address of the deceased at the time of Death:		17. In case, this is a female death, did the death occur while pregnant, at the time of delivery or within 6 weeks after the end of pregnancy : (Tick the appropriate entry below): <small>(1) Yes (2) No</small>	
8. Permanent address of the deceased:		18. If used to habitually smoke- for how many years?	
9. Place of Death: <small>(Tick the appropriate entry 1, 2 or 3 below and give the name of the Hospital/Institution or the address of the house where the death took place. If other place give location).</small>		19. If used to habitually chew tobacco in any form- for how many years?	
1) Hospital/Institution Name & Address: 2) House Address: 3) Other Place:		20. If used to habitually chew arecanut in any form (including pan massala)- for how many years?	
10. Informant's Name: Address: <small>(After completing all columns 1 to 21, Informant will put date and signature here):</small>		21. If used to habitually drink alcohol- for how many years? <small>(Columns to be filled are over. Now put signature at left).</small>	
Date: <small>(Signature or left thumb mark of the Informant)</small>			

To be filled by the Registrar: Registration No.: <input type="text"/> Registration date: Registration Unit: Town/Village: Remarks (if any): <small>Name and signature of the Registrar</small>	To be filled by the Registrar: Name: District: Tehsil: Town/Village: Registration Unit: 	To be filled by the Registrar: Code No. Registration No.: Registration date: Date of Death: Age: years/months/days/ hours. Sex: (1) Male (2) Female (3) Transgender Place of Death: (1) Hospital/Institution (2) House (3) Other place <small>Name and signature of the Registrar</small>
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Form No.3
(See rule 5)

Form No.9
[See rule 12]

STILL BIRTH REGISTER**STILL BIRTH REPORT**

Legal Information

This part is to be added to the Still Birth Register

STILL BIRTH REPORT

Statistical Information

This part to be detached and sent for statistical processing

FORM No. 3

In the case of multiple births, fill in a separate form for each child and write "Twin birth" or "Triple birth", etc., as the case may be in the remarks column in the box below left

<p>To be filled by the Informant:</p> <p>1. Date of Birth: (Enter the exact day, month and year e.g. 01-01-2000) <input style="width: 100px; height: 15px; border: 1px solid black; margin-bottom: 5px;" type="text"/></p> <p>2. Sex: (Enter "Male, Female or Transgender", do not use abbreviation).</p> <p>3. Name of the Father: (Full name as usually written) UID No. of Father <input style="width: 100px; height: 15px; border: 1px solid black; margin-bottom: 5px;" type="text"/></p> <p>4. Name of the Mother: (full name as usually written) UID No. of Mother <input style="width: 100px; height: 15px; border: 1px solid black; margin-bottom: 5px;" type="text"/></p> <p>5. Place of Birth: (Tick the appropriate entry below and give the name of the Hospital/Institution or the address of the house where the birth took place. If other place give location).</p> <p>1) Hospital/Institution Name: 2) House Address: 3) Other Place:</p> <p>6. Informant's Name: Address:</p> <p>(After completing all columns 1 to 12, Informant will put date and signature here):</p> <p>Date: (Signature or left thumb mark of the informant)</p>	<p>To be filled by the informant:</p> <p>7. Town or village of residence of the mother: (Place where the mother usually lives. This can be different from the place where the delivery occurred. The house address is not required to be entered):</p> <p>a) Name of Town/Village:</p> <p>b) Is it a Town or Village? (Tick the appropriate entry below): <input type="checkbox"/> (1) Town <input type="checkbox"/> (2) Village</p> <p>c) Name of District:</p> <p>d) Name of State:</p> <p>8. Age of mother (in completed years at the time of this birth):</p> <p>9. Mother's level of education: (Enter the completed level of education e.g. if studied upto class VII but passed only class VI, write class VI).</p> <p>10. Type of attention at delivery: (Tick the appropriate entry below): <input type="checkbox"/> 1) Institutional-Government: <input type="checkbox"/> 2) Institutional-Private or Non-Government: <input type="checkbox"/> 3) Doctor, Nurse or Trained midwife: <input type="checkbox"/> 4) Traditional Birth attendant: <input type="checkbox"/> 5) Relatives or others:</p> <p>11. Duration of pregnancy (in weeks):</p> <p>12. Cause of Foetal death (if known):</p> <p style="text-align: right;">(Columns to be filled are over. Now put signature at left).</p>
---	--

<p>To be filled by the Registrar</p> <p>Registration No.: Registration date:</p> <p>Registration Unit: District:</p> <p>Town/Village: Remarks (if any):</p> <p>Name and signature of the Registrar</p>	<p>To be filled by the Registrar</p> <p>Name Code No. Registration No.: Registration date:</p> <p>District Tehsil: Date of Birth:</p> <p>Town/Village: Sex: (1) Male (2) Female (3) Transgender</p> <p>Registration Unit: Place of Birth: (1) Hospital/Institution (2) House (3) Other Place</p> <p>(Name and signature of the Registrar)</p>
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क्र. _____
No. _____गोंय सरकार
GOVERNMENT OF GOAनमुनो — ५
Form - 5

कार्यालय / Office of

प्रमाणपत्र जारी करणी थळाचे संस्थेचे नांव / Name of local body issuing certificate



जल्म प्रमाणपत्र

BIRTH CERTIFICATE

[जल्म आनी मृत्यु नोंदणी अधिनेम, १९६९ च्या कलम १२/१७ आनी गोंय जल्म आनी मृत्यु नोंदणी (दुरुस्ती) नेम, २०२३ च्या नेम ८/१३ अंतर्गत जारी केलां].

[Issued under Section 12/17 of the Registration of Births and Deaths Act, 1969 and Rule 8/13 of the Goa Registration of Births and Deaths (Amendment) Rules, 2023].

अशे प्रमाणित करता की सक्यल दिल्ली माहिती ही जल्माच्या मूळ लेखातल्यान घेतल्या जी गोंय राज्याच्या जिल्ल्याच्या तहसील/तालुक्याच्या (थळाच्या वाठार/थळाचे संस्थेत) रजिस्टरात नोंद आसा.

This is to certify that the following information has been taken from the original record of birth which is the register for (local area/local body) of tehsil/block of District of Goa State.

नांव/Name: लिंग/Sex:

यूआयडी क्र./UID No.:

X	X	X	X	X	X	X	X				
---	---	---	---	---	---	---	---	--	--	--	--

जल्म तारीख/Date of Birth: जल्म सुवात/Place of Birth:

आवयचे नांव/Name of Mother:

आवयचे यूआयडी क्र./UID No. of Mother: X X X X X X X X

बापायचे नांव/Name of Father:

बापायचे यूआयडी क्र./UID No. of Father: X X X X X X X X

आज्याचे नांव (बापाय वटेतल्यान)/Name of grandfather (father's side):

आज्येचे नांव (बापाय वटेतल्यान)/Name of grandmother (father's side):

भुग्याच्या जल्मावेळार पालकांचो पत्तो
Address of the parents at the time of birth of the child

पालकांचो कायमचो पत्तो
Permanent address of parents

नोंदणी क्र./Registration No.: नोंदणी केल्ली तारीख/Date of Registration:

शेरो (जरी आसल्यार)/Remarks (if any):

जारी केल्ली तारीख/Date of issue:

जारी करणी प्राधिकाऱ्याची सय/Signature of the issuing authority
जारी करणी प्राधिकाऱ्याचो पत्तो/Address of the issuing authority



"Ensure registration of every birth and death/प्रत्येक जल्म वा मृत्युची नोंदणी केल्या हाची खात्री करची".

(All the entries should be in ENGLISH only)/सगळ्यो नोंदी फक्त इंग्लिशीतल्यान कराच्यो)

क्र.
No.गोंय सरकार
GOVERNMENT OF GOAनमुनो — ६
Form - 6

कार्यालय / Office of

प्रमाणपत्र जारी करणी थाळवे संस्थेचे नाव / Name of local body issuing certificate



मृत्यू प्रमाणपत्र

DEATH CERTIFICATE

(जल्म आनी मृत्यू नोंदणी अधिनेम, १९६९ च्या कलम १२/१७ आनी गोंय जल्म आनी मृत्यू नोंदणी (दुरुस्ती) नेम, २०२३ च्या नेम ८/१३ अंतर्गत जारी केलां].

(Issued under Section 12/17 of the Registration of Births and Deaths Act, 1969 and Rule 8/13 of the
Goa Registration of Births and Deaths (Amendment) Rules, 2023)

अशे प्रमाणित करता की सकायल दिल्ली माहिती ही मृत्यूच्या मूळ लेखातल्यान घेतल्या जी गोंय राज्याच्या
जिल्हाच्या ————— तहसील/तालुकाच्या ————— (थळाच्या वाठार / थळाचे संस्थेत) रजिस्ट्रात नोंद आसा.

This is to certify that the following information has been taken from the original record of death which is the
register for (local area/local body) of tehsil/block
of District of Goa State.

नाव/Name: लिंग/Sex:

मरण आयिल्या व्यक्तीचे यूआयडी क्र./UID No. of deceased

X	X	X	X	X	X	X	X				
---	---	---	---	---	---	---	---	--	--	--	--

मृत्यू तारीख/Date of Death: मृत्यू सुवात/Place of Death:

आवयवाचे नाव/Name of Mother:

आवयवाचे यूआयडी क्र./UID No. of Mother:

X	X	X	X	X	X	X	X				
---	---	---	---	---	---	---	---	--	--	--	--

बापायवाचे नाव/Name of Father:

बापायवाचे यूआयडी क्र./UID No. of Father:

X	X	X	X	X	X	X	X				
---	---	---	---	---	---	---	---	--	--	--	--

घरकार/घरकानीचे नाव/Name of Husband/Wife:

घरकार/घरकानीचे यूआयडी क्र./UID No. of Husband/Wife

X	X	X	X	X	X	X	X				
---	---	---	---	---	---	---	---	--	--	--	--

मृत्यू वेळार मरण आयिल्ये व्यक्तीचो पत्तो
Address of the deceased at the time of death

मरण आयिल्ये व्यक्तीचो कायमचो पत्तो
Permanent address of the deceased

नोंदणी क्र. /Registration No.: नोंदणी केली तारीख/Date of Registration:

शेरो (जारी आसल्यार)/Remarks (if any):

जारी केली तारीख/Date of issue:



जारी करणी प्राधिकाऱ्याची सव/Signature of the issuing authority

जारी करणी प्राधिकाऱ्याचो पत्तो/Address of the issuing authority

"Ensure registration of every birth and death / ग्रत्येक जल्म वा मृत्यूची नोंदणी केल्या हावी खात्री करावी "

टिप्प: मृत्यू आवयवाच, नोंदणीत नोंद केल्या प्रमाणे मृत्यूच्या प्रकरणा संबंधी तपशिलांची उल्लेखणी करावी नात. जप-कलम १७ (१) ची तरतुद प्रवाहवाची Note: In case of death, no disclosure shall be made of particulars regarding the cause of death as entered in the Register. See proviso to sub-section 17(1)

(All the entries should be in ENGLISH only/ सगळ्यांनी नोंदी फक्त इंग्लिशीतल्यान कराव्याची)

ENDORSEMENT
No.
DR

Form No. 7
(See rule 12)
BIRTH REGISTER
BIRTH REPORT

Legal Information

This part is to be added to the Birth Register

To be filled by the Informant:

1. Date of Birth: (Enter the exact day, month and year the child was born e. g. 01-01-2000)
2. Sex: (Enter "Male, Female or Transgender", do not use abbreviation)
3. Name of the child, if any:
(If not named, leave blank)
UID No. of Child
4. Name of the father:
(Full name as usually written)
UID No. of Father
5. Name of the mother:
(Full name as usually written)
UID No. of Mother
- 5a. Permanent address of Parents:
- 5b. Address of Parents at the time of birth of Child:
6. Name of Grandfather (father's side):
7. Name of Grandmother (father's side):
8. Place of birth:
(Tick the appropriate entry 1, 2 or 3 below and give the name of the Hospital/Institution or the address of the house where the birth took place. If other place give location).
 - 1) Hospital/Institution Name:
 - 2) House Address:
 - 3) Other Place:
9. Informant's Name:
Address:
(After completing all columns 1 to 22, Informant will put date and signature here):

Date:

(Signature or left thumb mark of the informant)

To be filled by the Registrar

Registration No.:

Registration Date:

Registration Unit:

District:

Town/Village:

Remarks: (If any)

Name and Signature of the Registrar

ENDORSEMENT
No.....
DR.....

Form No. 8
(See rule 12)
DEATH REGISTER
DEATH REPORT
Legal Information

(This part is to be added to the Death Register)

To be filled by the informant

1. Date of Death: (Enter the exact day, month and year the death took place e.g. 01-01-2000)
2. Name of the deceased:
(Full name as usually written)
UID No. of deceased
3. Sex of the deceased:
(Enter "Male, Female or Transgender" do not use abbreviation)
4. Name of Mother:
UID No. of Mother
5. Name of Father:
UID No. of Father
- 5a. Name of Husband/Wife:
UID No. Husband/Wife
- 5b. Age of Husband/Wife:
- 5c. Contact details of Husband/Wife:
6. Age of the deceased:
(If the deceased was over 1 year of age, give age in completed years.
If the deceased was below 1 year of age, give age in months and if below
1 month give age in completed number of days, and if below 1 day, in hours).
7. Address of the deceased at the time of Death:
8. Permanent address of the deceased:
9. Place of Death:
(Tick the appropriate entry 1, 2 or 3 below and give the name
of the Hospital/Institution or the address of the house
where the death took place. If other place give location).
 - 1) Hospital/Institution Name & Address:
 - 2) House Address:
 - 3) Other Place:
10. Informant's Name:
Address:
(After completing all columns 1 to 21,
informant will put date and signature here):

Date: *(Signature or left thumb mark of the informant)*

To be filled by the Registrar

Registration No.:	Registration Date:
Registration Unit:	District:
Town/Village:	
Remarks (if any):

Name and Signature of the Registrar

Form No. 9

(See rule 12)

STILL BIRTH REGISTER
STILL BIRTH REPORT

Legal Information

This part to be added to the Still Birth Register

To be filled by the informant:

1. Date of Birth: (Enter the exact day, month and year e.g. 1-1-2000).
2. Sex: (Enter "Male, Female or Transgender", do not use abbreviation).
3. Name of the Father:
 (Full name as usually written)
 UID No. of Father
4. Name of the Mother:
 (Full name as usually written)
 UID No. of Mother
5. Place of birth:
 (Tick the appropriate entry below and give the name of the Hospital/institution or the address of the house where the birth took place. If other place give location).
 - 1) Hospital/Institution Name:
 - 2) House Address:
 - 3) Other Place:
6. Informant's Name:
 Address:
 (After completing all columns 1 to 12, informant will put date and signature here):

Date:

Signature or left thumb mark of the informant

To be filled by the Registrar:

Registration No.:

Registration Date:

Registration Unit:

Town/Village:

District:

Remarks (if any):

.....
Name and Signature of the Registrar

"

By order and in the name of the Governor of Goa.

Vijay B. Saxena, Director/Chief Registrar of Births & Deaths.

Porvorim, 21st February, 2023.

Department of Town & Country Planning

Office of the Chief Town Planner (Planning)

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Notification

36/1/TCP/478/2022/497

In exercise of the powers conferred by sub-sections (1) and (2) of section 18 of the Goa Town and Country Planning Act, 1974 (Act 21 of 1975), read with section 21 of the General Clauses Act, 1897 (Act No. 10 of 1897), the Government of Goa hereby amends the Government Notification No. 36/1/TCP/478/2022/164 dated 13-01-2023, published in the Official Gazette, Extraordinary 2, Series I No. 41 dated 13-01-2023 (hereinafter referred to as the "principal Notification"), as follows:-

In the principal Notification, in the Schedule, in Column (1), for the words "part area of village Penha de Franca", the expression "part area of village Penha de Franca comprising of Survey Nos. 38/0 (Part), 75/1-A, 75/3, 75/3-A, 76/1-C, 76/1-E, 77/1-A, 77/1-F and 89/5-A" shall be substituted.

This Notification shall come into force on the date of its publication in the Official Gazette.

By order and in the name of the Governor of Goa.

Rajesh J. Naik, Chief Town Planner (Planning) & ex officio Joint Secretary.

Panaji, 14th February, 2023.



Department of Urban Development

Municipal Administration

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Notification

14/DMA/Notification/Audit/2022-23/4575

Whereas, certain draft rules to further amend the Goa Municipalities Municipal Account Code, 2007, Rules, 1970, were published as required by sub-section (3) of

section 306 read with sections 98 and 100 of the Goa Municipalities Act, 1968 (Act 7 of 1969), in the Official Gazette, Series I No. 24 dated 15-09-2022, vide Notification No. 14/DMA/Notification/Audit/2022-23/2706 dated 12-09-2022 of the Department of Urban Development, Directorate of Municipal Administration, Panaji, inviting objections and suggestions from all persons likely to be affected thereby within fifteen days from the date of publication of the said Notification in the Official Gazette.

And whereas the said Official Gazette was made available to the public on 15th September, 2022;

And whereas, no objections or suggestions have been received from the public on the said draft rules by the Government.

Now, therefore, in exercise of the powers conferred by section 306, read with section 98 and 100 of the Goa Municipalities Act, 1968 (Act No. 7 of 1969) and all other powers enabling it in this behalf, the Government of Goa hereby makes the following rules so as to further amend the Goa Municipalities Municipal Account Code, 2007, namely:—

1. Short title and commencement.— (1) These rules may be called the Goa Municipal Account (First Amendment) Code, 2022.

(2) They shall come into force on the date of their final publication in the Official Gazette.

2. Amendment of rule 2.3.— In rule 2.3 of the Goa Municipal Account Code, 2007, after clause (iv), the following clause shall be inserted, namely:—

"(v) The Director of Accounts or any other person deputed by him to perform the audit under section 100 of the Act."

By order and in the name of the Governor of Goa.

Gurudas P. Pilarnekar, Director of Municipal Administration/Urban Development & ex officio Additional Secretary.

Panaji, 15th February, 2023.

www.goaprintingpress.gov.in

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